



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF INSURANCE, SECURITIES AND BANKING**

**810 First St., N.E., Suite 701
Washington, D.C. 20002**

D.C. CAPTIVE AND DOMESTIC RRG INSURANCE PREMIUM TAX RETURN

For Tax Year: 2004

Name of Captive/RRG:	Contact Person:	NAIC No.
Mailing Address:	Phone No.: Fax No.: E-Mail:	FEIN No:
Street Address (if different from above):		Date Licensed in D.C.:
Former Name, NAIC No. and/or address if Changed Since Last Premium Tax Return:		

Pursuant to Section 13 of the Captive Insurance Company Act of 2004, all captive insurance companies and DC chartered risk retention groups shall file a premium tax return by March 2 of each year. The new tax provisions in the Section 13 will not be implemented until Tax Year 2005. Amounts of direct written premiums and assumed reinsurance premiums should agree with Schedule T of the annual report. Please attach a reduced (8 1/2 x 11) copy of the Schedule T to the premium tax return.

Line	(\$ Millions)	Direct Written Premiums	Tax Rate	Premium Tax
1.	Total Direct Written Premiums	\$ _____		
2.	(First Twenty) 0-20	\$ _____	x 0.40%	= \$ _____
3.	(Second Twenty) 20-40	\$ _____	x 0.20%	= \$ _____
4.	(Over Forty) 40+	\$ _____	x 0.075%	= \$ _____
5.			Direct Written Premium Tax (Sum Lines 2-4)	= \$ _____
	(\$ Millions)	Assumed Reinsurance Premiums	Tax Rate	Premium Tax
6.	Total Assumed Reinsurance Premiums	\$ _____		
7.	(First Twenty) 0-20	\$ _____	x 0.225%	= \$ _____
8.	(Second Twenty) 20-40	\$ _____	x 0.150%	= \$ _____
9.	(Over Forty) 40+	\$ _____	x 0.025%	= \$ _____
10.			Direct Written Premium Tax (Sum Lines 8-10)	= \$ _____
11.		<div style="border: 1px solid black; padding: 5px; width: fit-content;"> For Dept. Use Only: LOCKBOX BATCH # _____ </div>	Grand Total Premium Tax (Line 5 + Line 11)	= \$ _____
12.			Minimum Premium Tax	= \$ 5,000
13.		Please pay the greater of Line 11 or line 12.	Premium Tax Due	= \$ _____

The undersigned principal officer of the company hereby declares that this tax return (including any accompanying schedules and statements) has been carefully examined and is a true, correct and complete insurance premium tax return.

Signed by Principal Officer
(or authorized official)

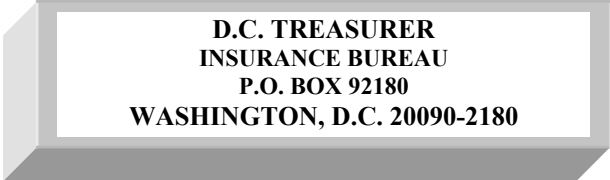
Title

Date

Instructions:

The following mailing instructions must be strictly observed. Failure to do so may result in your company's checks being lost or payments not being credited in a timely manner.

- Premium tax checks should be made payable to the D.C. TREASURER.**
Please send original tax return and check to the following (LOCKBOX) address only:



D.C. TREASURER
INSURANCE BUREAU
P.O. BOX 92180
WASHINGTON, D.C. 20090-2180

- Please provide a courtesy copy of the tax return and Schedule T to James H. Lawrence, III, Chief Financial Analyst, via email at james.lawrence@dc.gov.**